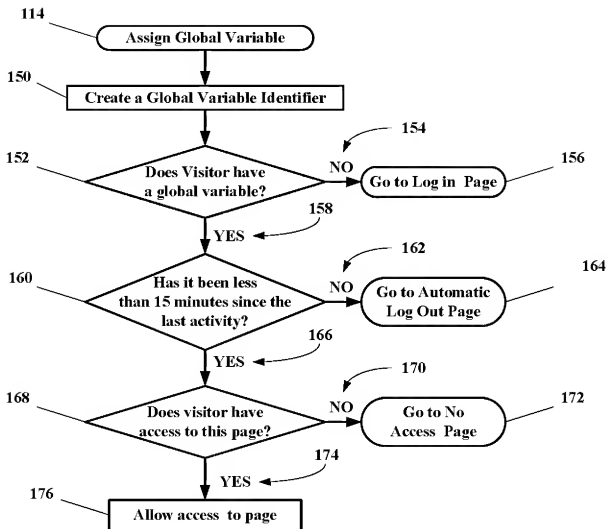
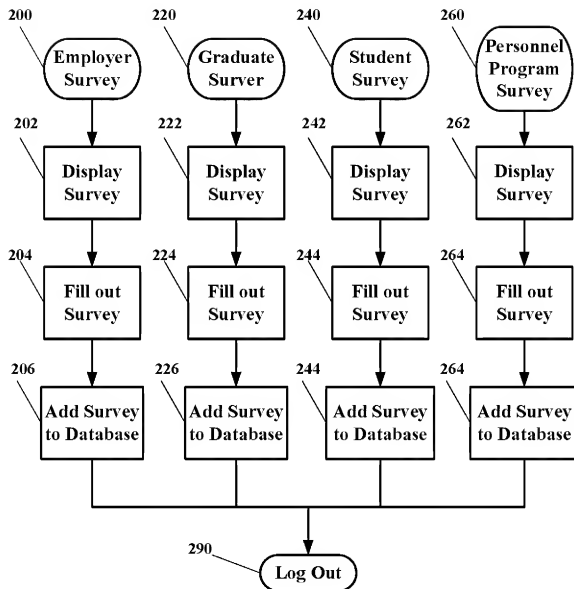
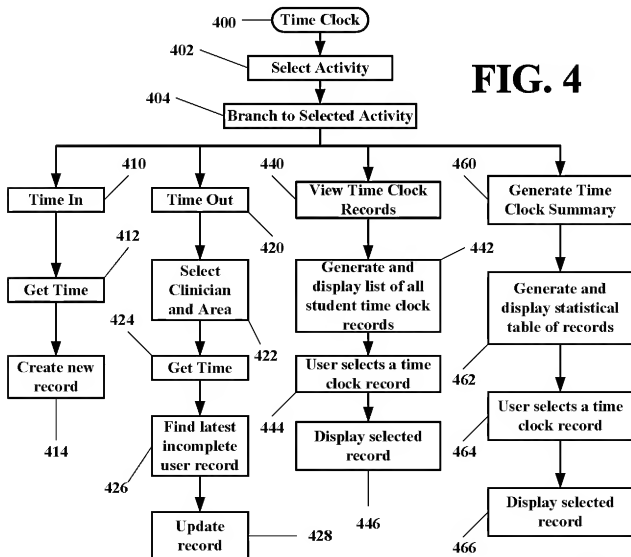
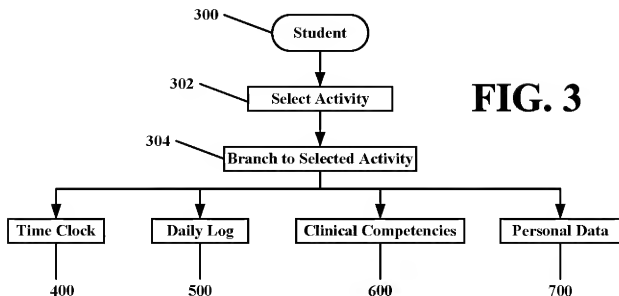


FIG. 1A

**FIG. 1B**

**FIG. 2**



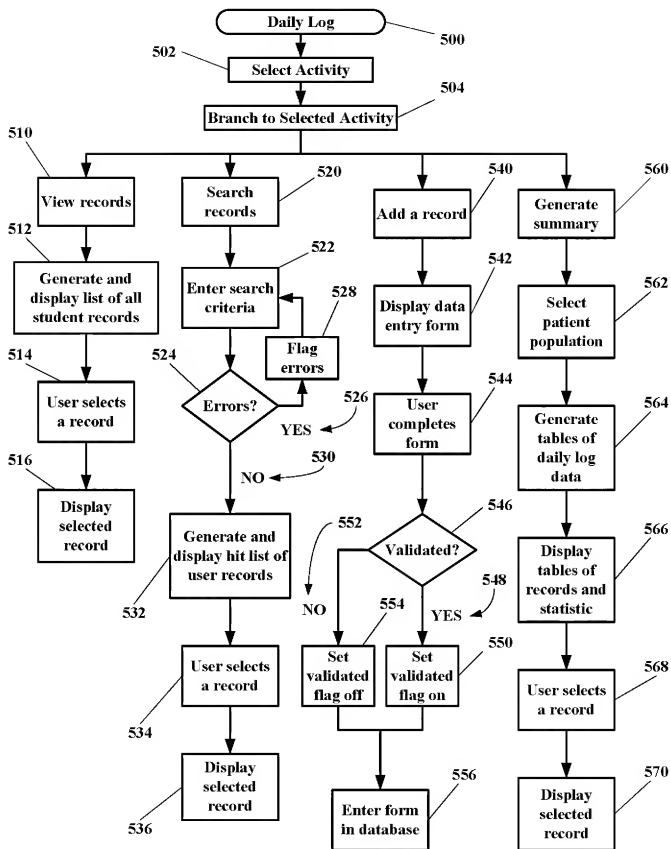


FIG. 5

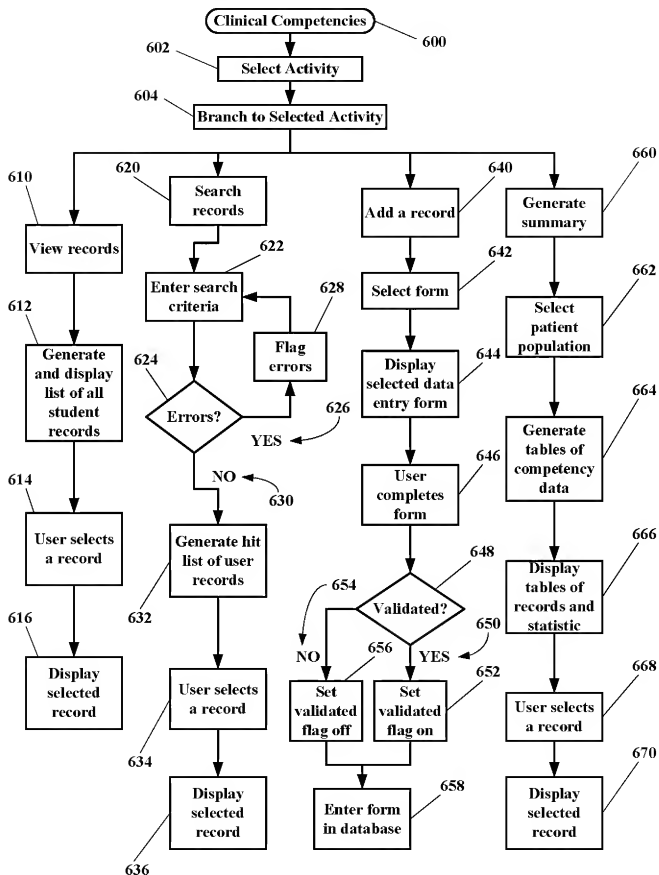
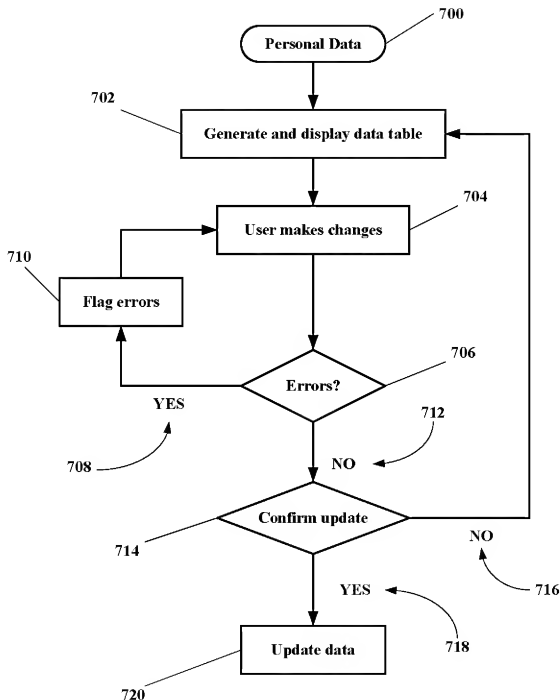
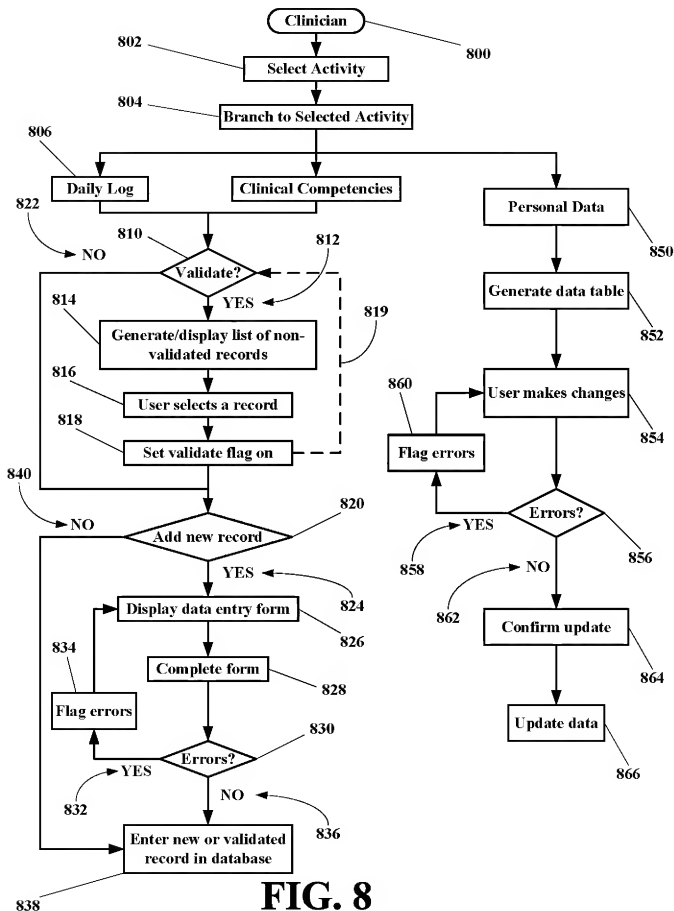


FIG. 6

**FIG. 7**

**FIG. 8**

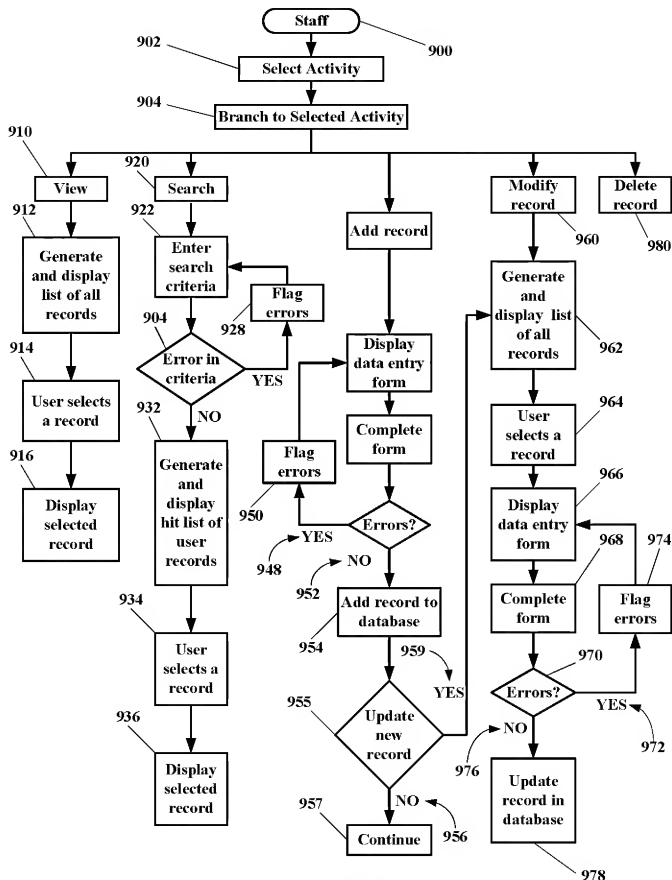
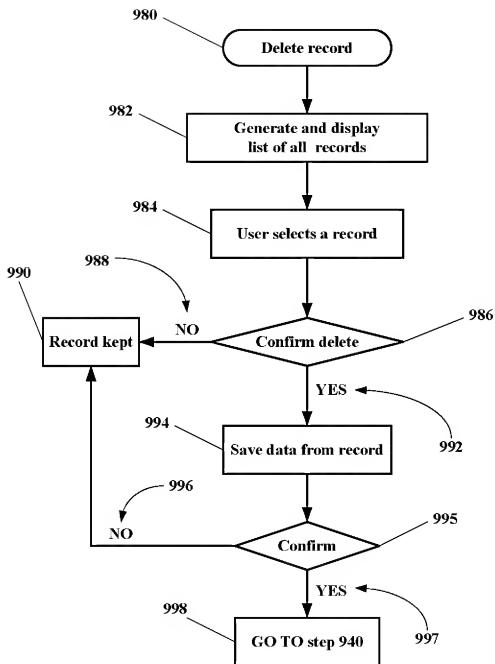


FIG. 9A

**FIG. 9B**

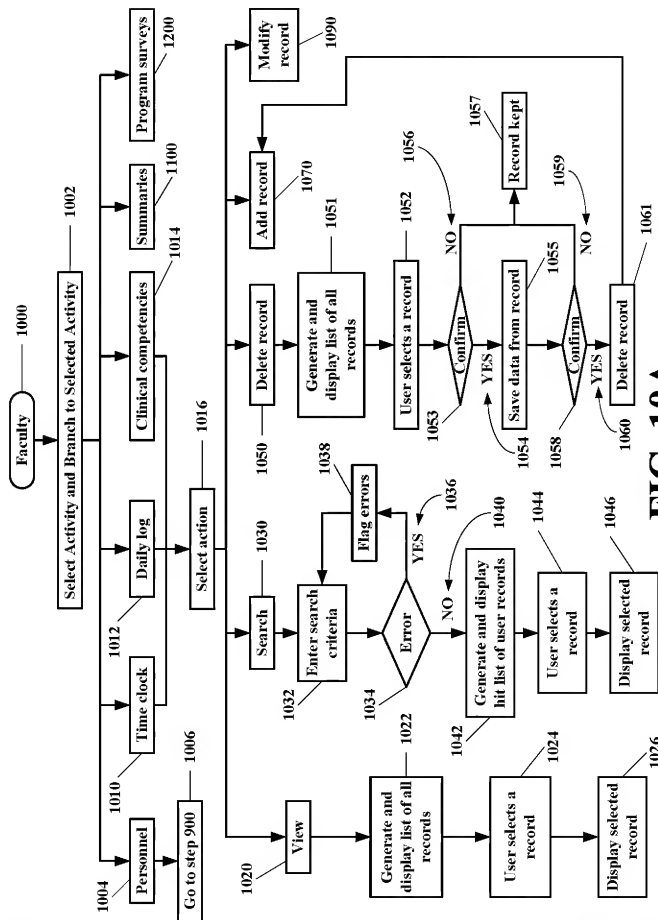


FIG. 10A

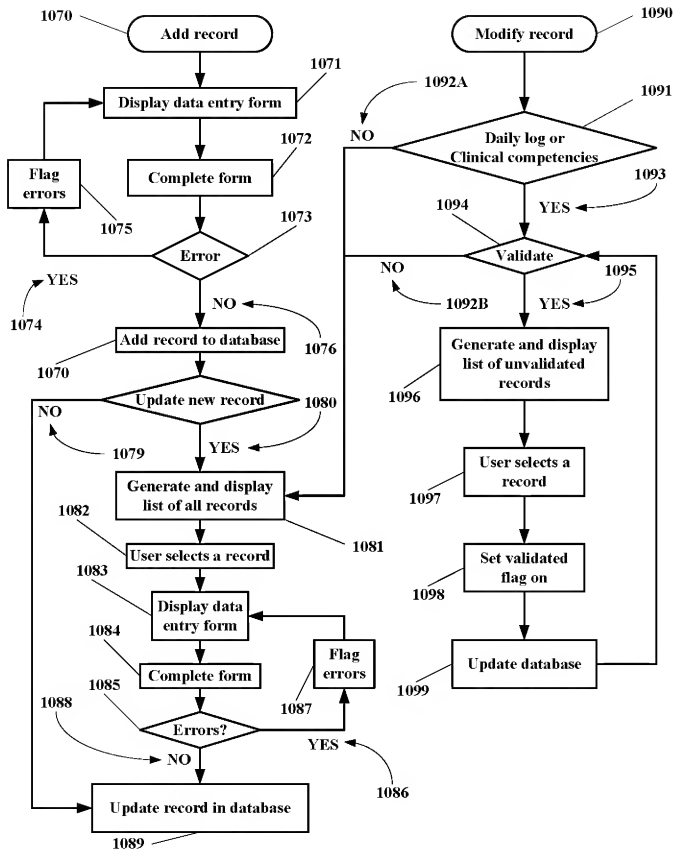
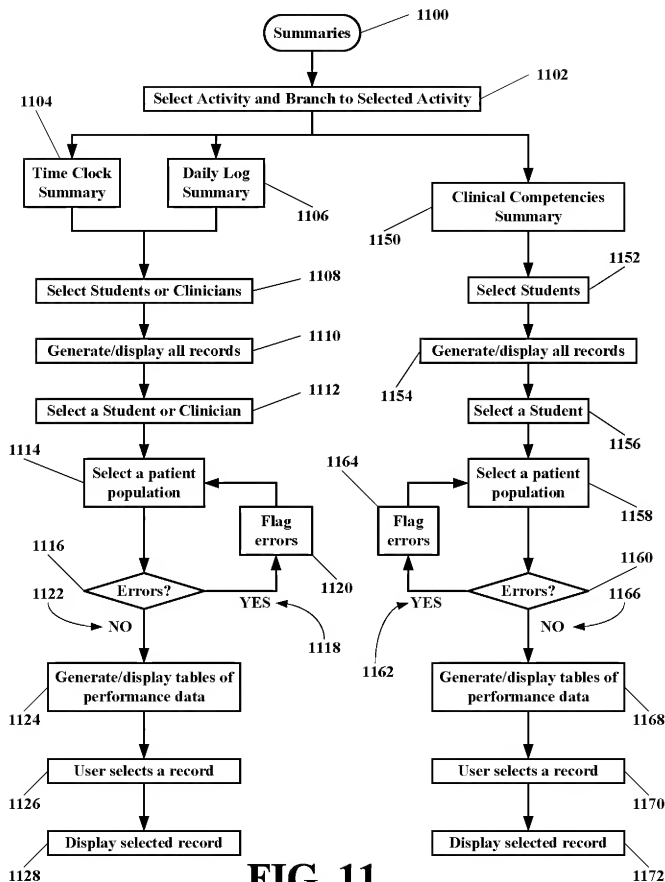
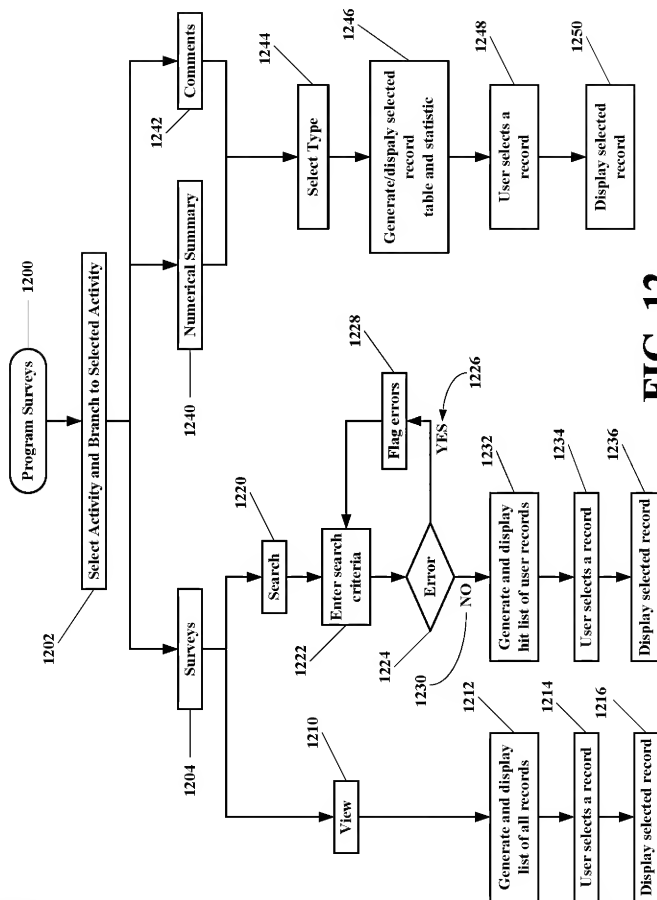


FIG. 10B




FIG. 12

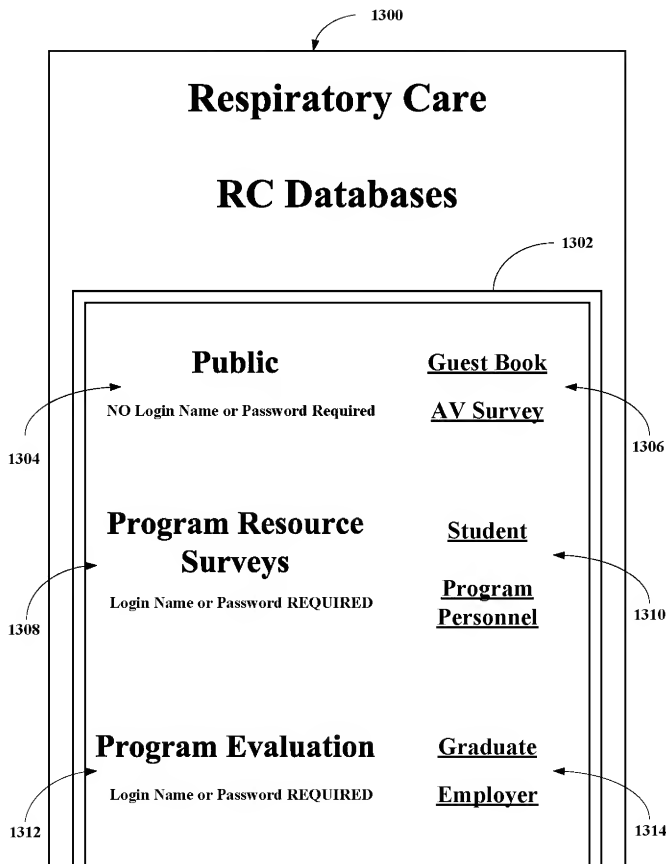


FIG. 13A

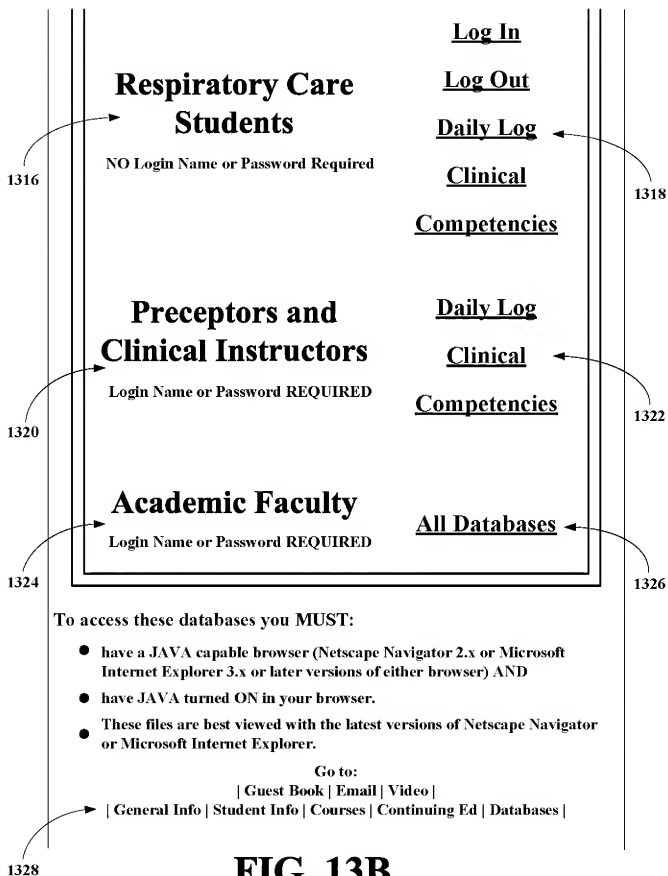


FIG. 13B

REPLACEMENT SHEET 17/54

| Clinical | RC Links |
| Respiratory Care Home Page | SAHS Home Page | UTMB Home Page |

For technical problems at this website, please send email to:
SAHS WebMaster

Please review disclaimer and Internet guidelines

1328

FIG. 13C

Browser Banner		1400
<p>1404</p> <p>Program Evaluation (Login Name and Password REQUIRED)</p>	<p><u>Graduate</u></p> <p><u>Employer</u></p> <p><u>Log In</u></p> <p><u>Log Out</u></p> <p><u>Daily Log</u></p> <p><u>Clinical Competencies</u></p>	<p><u>Daily Log</u></p> <p><u>Clinical Competencies</u></p>
<p>1402</p> <p>1410</p> <p>1412</p> <div> <p>Enter Network Password</p> <p>Resources: Database time clock.fp3</p> <p>User Name: <input type="text" value="name"/> <input type="text" value="1406"/></p> <p>Password: <input type="text" value="*****"/> <input type="text" value="1408"/></p> <p>OK Cancel</p> </div>		
Browser Banner		

FIG. 14A

Browser Banner

1420

Respiratory Care

RC Student Time Clock Log In

Please enter the following information to complete you log record

1428

I am

- Select Student -	▼
- Select Student -	▲
Name 1 Name 2 Name 3 Name 4 Name 5 Name 6 Name 7 Name 8 Name 9	

1422

I am taking

- Select Courses -	▼
- Select Courses -	
COURSE 1 – Description 1 COURSE 2 – Description 2 COURSE 3 – Description 3	

1426

Send Information

Clear Form

1430

1432

Browser Banner

FIG. 14B

Browser Banner			
<p>Respiratory Care</p> <p>Student Name, thank you for filling out the time clock form. The following information has been reorded:</p>			
<p>Time and Date In:</p>	<p>3:37:19 PM Thursday, July 8, 1999</p>	<p>Course:</p>	<p>COURSE # - Course Description</p>
<p>1440</p>		<p>1444</p>	<p>1445</p>
<p>1441</p>		<p>1442</p>	<p>1446</p>
<p>1443</p>		<p>1447</p>	
<p>Please EXIT or QUIT the browser. The browser will retain your name and password until you exit or quit. DO NOT minimize the browser.</p>			
<p>Go to:</p> <p> Guest Book Email Video </p> <p> General Info Student Info Courses Continuing Ed Databases Clinical RC Links </p> <p> Respiratory Care Home Page SAHS Home Page UTM Home Page </p>			
Browser Banner			

FIG. 14C

Browser Banner

1450

Respiratory Care

RC Student Time Clock Log Out

Please enter your PASSWORD to access your log in record.

1452

1454

1456

Browser Banner

FIG. 14D

Browser Banner

1460

Respiratory Care

RC Student Time Clock Log Out

Hello Student Name, you logged in at 12:46:29 PM on Tuesday, June 8, 1999

The database will automatically record the log out hour and the data when you press the "Send Information" button. Please enter the following information to validate our daily time log:

1462

I was at:

My Client (first

was (last name)

1466

1468

1470

1472

Emergency Room

Burn Unit

Adult Floors

Pediatric Floors

Emergency Room

PICU

ISCU

MICU

SICU

TDC-ICU

Clinical Specialist

THI-CS

Last Name

Send Information

Clear Form

Browser Banner

FIG. 14E

Browser Banner

1480

1481

Respiratory Care

Student Name, thank you for filling out the time clock form. The following information has been recorded:

1482

<u>1484</u> Time and Date In:	<u>1485</u> 3:37:19 PM Thursday, July 8, 1999	<u>1486</u> Course:	<u>1487</u> COURSE # - Course Description
<u>1488</u> Time and Date Out:	<u>1489</u> 3:40 PM Thursday, July 8, 1999	<u>1490</u> Location:	<u>1491</u> Adult Floors
<u>1492</u> Total Time: (Hours)	<u>1493</u> .04	<u>1494</u> Clinical Instructor:	<u>1495</u> Instructor Name

Please EXIT or QUIT the browser. The browser will retain your name and password until you exit or quit. DO NOT minimize the browser.

1483

NOTE: If any of the above information is NOT correct please email us and tell us exactly what was incorrect so that we can adjust your time card and fix the database. Thank you.

Go to:

| Guest Book | Email | Video |

| General Info | Student Info | Courses | Continuing Ed | Databases | Clinical | RC Links |

| Respiratory Care Home Page | SAHS Home Page | UTM Home Page |

Browser Banner

FIG. 14F

Browser Banner	
1500	<p align="center">ADULT Daily Log</p> <p align="center">Course Designation and Description</p> <p align="center">Term</p> <p>Instructor: <input type="text" value="Instructor Name"/> 1502 1504 1518 1512</p> <p>Student: <input type="text" value="Student Name"/> 1506</p> <p>Hospital Area: <input type="text" value="Location"/> 1510 1452</p> <p>Physician contact (specific nature and duration)</p> <p><input type="text" value="Description of Physician Contact"/> 1514</p> <p>Describe today's most significant experience, including unique observations, your opinions, attitudes, and feelings:</p> <p><input type="text" value="Description of Most Significant Experience"/> 1516</p>
Browser Banner	

FIG. 15A

Browser Banner		
1518		
1520 → PATIENT DATA		
PROCEDURES	OBSERVATIONS	PERFORMANCES
Vital Signs	5	2
Chest Assessment	3	1
Patient Assessment 1522	10	5
Isolation Procedures	40	9
1520 → PATIENT DATA		
Nasal Cannula	5	2
Simple Mask	3	1
Venti-Mask	2	1
Partial Rebreather 1522	2	1
Non-Rebreather		
Pulse Oximetry		
Cylinder Transport		
1520 → PATIENT DATA		
Face Tent		
Face Mask 1522		
Trach Collar		
Browser Banner		

FIG. 15B

Browser Banner			
Incentive Spirometry			
Isolation Procedures			
1520 → PATIENT DATA			
Chest Physiotherapy			
Coughing			
Breathing Exercises		Y	X
PEP			
Nasotracheal Aspiration			
Endotracheal Aspiration			
Tracheostomy Care			
Cuff Management			
<div> <div>Enter Network Password</div> <div>Please enter your authentication information</div> <div>Resource: Database daily log fp3</div> <div>User name: <input type="text"/></div> <div>Password: <input type="password"/></div> <div>OK</div> <div>Cancel</div> </div>			
1520 → Emergency Procedures			
Adult CPR			
<div> <div>Send Information</div> <div>Clear Form</div> </div>			
1526 1528			
1530			

FIG. 15C

Respiratory Care

Thank you, Clinical Instructor, for filling out the Adult Daily Log form for Student Name.
Your time is greatly appreciated.

If you are done filling out Daily Log forms, please EXIT or QUIT the browser.
The browser will retain you name and password until you exit or quit.
Do NOT minimize browser.

Go to:

Guest Book	Email	Video				
General Info	Student Info	Courses	Continuing Ed	Databases	Clinical	RC Links
Respiratory Care Home Page	SAHS Home Page	UTMB Home Page				

Browser Banner

1600

Respiratory Care

Clinical Competencies by Unit Rotations

1616

<u>Adult Floor Therapies</u>	<u>Pediatrics Floor Therapies</u>	<u>Neonatal Floor Therapies</u>
<u>1604 Adult Critical Care</u>	<u>Pediatrics Critical Care</u>	<u>Neonatal Critical Care</u>
<u>Adult Diagnostics</u>	<u>Pediatrics Diagnostics</u>	<u>Neonatal Diagnostics</u>
<u>Special Rotations</u>		

Browser Banner

FIG. 16A

Adult Critical Care Competencies	
Therapy Group	Special Competency
Manual Resuscitators	Setup & Ventilation via Endotracheal Tube
	Setup & Ventilation via Mask
Suction Procedure	ETS – Endotracheal Suctioning
	NTS – Nasotracheal Suctioning
	Tracheal Suctioning
Endotracheal Tube / Tracheostomy Care	In-Line Suctioning
	Securing Tracheostomy Tube
	Tracheostomy Care
	Cuff Management
Ventilatory Care	Intubation
	Ventilator Setup
	Routine Ventilator Check
	Ventilator Circuit Change
	Ventilator Graphics Analysis
Weaning from Mechanical Ventilation	Capnography
	Spontaneous Parameters
	Weaning Modes
Noninvasive Positive Pressure Ventilation	Noninvasive Ventilator Setup
	Noninvasive Ventilator Check
Patient Transport	Manual Ventilations during Transport
	Transport Ventilation Setup

FIG. 16B

1618	Adult Critical Care Competencies	
	Therapy Group	Special Competency
Manual Resuscitators		BLS – Basic Life Support
		Hand Washing
		Isolation Procedures
		Charges
		Vital Signs
Patient Data		Chest Assessment
		Patient Assessment
		X-Ray Interpretation
		Isolation Procedures
		Nasal Cannula
Oxygen Therapy		Simple Mask
		Partial Rebreather
		Non-Rebreather
		Venti-Mask
		Pulse Oximetry
Aerosol & Humidity Therapy		Face Tent
		Face Mask
		Trach Collar
		T-Piece
		USN – Ultrasound Nebulizer
Aerosol & Drug Administration		MDI – Metered Dose Inhaler
		SVN – Small Volume Nebulizer
		IS – Incentive Spirometry
Hyperinflation Therapy		IPPB – Intermittent Positive Pressure Breathing
		Chest Physiotherapy
		Coughing
		Breathing Exercises
		Muscular Clearance Adjuncts
1622	Bronchial Hygiene	(PEP – Positive Expiratory Pressure, 1626

FIG. 16C

Browser Banner

1460

Respiratory Care

Adult Floor Therapy – Oxygen Therapy – Nasal Cannula

1634

REQUIRED: This evaluation was done (date):

06/07/99

Enter date as m/d/y, for example 12/25/98 for December 25, 1998. If you leave the year space blank and enter 12/25, the program will automatically fill in the current year.

REQUIRED: Instructor	1636	- Select Instructor - Instructor #1 Instructor #2 Instructor #3 Instructor #4 Instructor #5 Instructor #6 Instructor #7 Instructor #8 Instructor #9 Instructor #10 Instructor #11	1638	1640	- Select Student - Student #1 Student #2 Student #3 Student #4 Student #5 Student #6 Student #7 Student #8 Student #9 Student #10 Student #11	1642
REQUIRED: Student						
Conditions (describe):						1644

Browser Banner

FIG. 16D

Browser Banner

Additional comments: include errors of omission and commission, communication skills, and effectiveness of patient interaction:

Student forgot to place the "NO SMOKING" sign.

Summary performance evaluation and recommendations

Please use the following criteria and select the appropriate pop-up menu.

- **Satisfactory** – student ready for minimally supervised application and refinement. Student performed without error or prompting, or able to self-correct, no critical errors.
- **Unsatisfactory** – prompting required; performed with critical errors, potentially harmful.
 - **Minor – Unsatisfactory:** Student requires re-evaluation after minor deficiencies are corrected.
 - **Major – Unsatisfactory:** Student requires complete re-evaluation.

REQUIRED: Summary Performance Evaluation:

1654 1652 1650

- Select Evaluation - ▼
- Select Evaluation -
Satisfactory
Minor-Unsatisfactory
Major-Unsatisfactory

1648 1646

Send Information

Clear Form

Browser Banner

FIG. 16E

Browser Banner

Additional comments: include errors of omission and commission, and communication skills, and effectiveness of patient interaction:

Student forgot to place the "NO SMOKING" sign.

Summary performance

Please use the following information

- **Satisfactory** – student read without error or prompting, or
- **Unsatisfactory** – prompted
 - **Minor – Unsatisfactory**
 - **Major – Unsatisfactory**

Resource: Database clinical competencies, fp3

User Name

Password

User name

OK

Cancel

performed
re corrected.

REQUIRED:

Summary Performance Evaluation:

Minor-Unsatisfactory

Send Information

Clear Form

Browser Banner

FIG. 16F

Browser Banner

Academic Faculty

Database	Options			
	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Modify/</u> <u>Delete</u>
Students	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Modify/</u> <u>Delete</u>
Clinical Preceptors	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Delete</u>
Dialy Log	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Delete</u>
Competency Evaluation	<u>View</u>	<u>Add</u>	<u>Search</u>	<u>Delete</u>
Student Time Clock	<u>View</u>		<u>Search</u>	

Browser Banner

FIG. 17A

Browser Banner	
<p>This form is used to modify or delete the record of Student Name</p> <ul style="list-style-type: none"> ● To modify this record, make the necessary changes then client the MODIFY button. ● To delete this record client the DELETE button – WARNING – Deleted records can NOT be recovered! 	
<p>First Name: <input type="text" value="1721"/></p> <p>Last Name: <input type="text" value="1722"/></p> <p>ID: <input type="text" value="1723"/></p> <p>Email: <input type="text" value="1724"/></p> <p>Address: <input type="text" value="1725"/></p> <p>City: <input type="text" value="1726"/></p> <p>State – (two letters): <input type="text" value="1727"/></p> <p>Zip Code: <input type="text" value="1728"/></p> <p>Phone Number: <input type="text" value="1729"/></p>	<p>Browser Banner</p> <p>The students in this Respiratory Care Program are:</p> <p> <input type="checkbox"/> Student 1 <input type="checkbox"/> Student 2 <input type="checkbox"/> Student 3 <input type="checkbox"/> Student 4 <input type="checkbox"/> Student 5 <input type="checkbox"/> Student 6 <input type="checkbox"/> Student 7 <input type="checkbox"/> Student 8 <input type="checkbox"/> Student 9 <input type="checkbox"/> Student 10 <input type="checkbox"/> Student 11 </p> <p>Browser Banner</p>
<p>MODIFY DELETE Reset Form</p>	
Browser Banner	

FIG. 17B

Browser Banner

Displaying 91 through 120 of 211 records

Student	Clinical Instructor	Date	Time In	Time Out	Time	Location	Course
	Instructor #1	5/26/99	5:45 AM	6:06 PM	12.35	Adult Floors	# Clinical Therapeutics
		5/28/99	5:45 AM				# Clinical Therapeutics
	Instructor #2	6/2/99	5:45 AM	6:26 PM	12.68	Adult Floors	# Clinical Therapeutics
	Instructor #3	6/4/99	5:45 AM	6:04 PM	12.32	Adult Floors	# Clinical Therapeutics
		5/14/99	12:01 PM				# Clinical Therapeutics
		5/14/99	12:56 PM				# Clinical Therapeutics
	Instructor #4	5/14/99	1:18 PM	2:10 PM	.87	Emergency Room	# Clinical Therapeutics
	Instructor	5/14/99	3:45 PM	6:16 PM	18.58	Pediatric	# Clinical

Browser Banner

FIG. 17C

Browser Banner

Respiratory Care

This form is used to search the **Student Clinical Time Clock Record List**
 List All Records in the Student Clinical Time Clock Record List

To find **Specific Records**, enter the appropriate information in the following list.

- **Student's Name:** ▼ 1751 1752
 - **Clinical Instructor's Last Name:** ▼ 1753 1754
 - **Date:** ▼ 1755 1756 10/01/99 1757
 - **Location:** ▼ 1758 1759
 - **Course:** ▼ 1760 1761
- 1763
- Send Search Request**

Browser Banner

FIG. 17D

Browser Banner					
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Minor - Unsatisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/2/99
<u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	7/1/99
¹⁷⁷² <u>Student</u>	<u>Instructor</u>	Isolation Procedures	Adult	Satisfactory	6/28/99
<u>Student</u>	<u>Instructor</u>	Nasal Cannula	Adult	Minor - Unsatisfactory	6/15/99
<u>Student</u>	<u>Instructor</u>	Nasal Cannula	Adult	Satisfactory	5-17-99
<u>Student</u>	<u>Instructor</u>	Partial Rebreather	Adult	Satisfactory	6/28/99
<u>Student</u>	<u>Instructor</u>	Non-Rebreater	Adult	Satisfactory	6/18/99
<u>Student</u>	<u>Instructor</u>	Pulse Oximetry	Adult	Satisfactory	6/18/99
Browser Banner					

FIG. 17E

Browser Banner

1773

Respiratory Care

Adult Floor Therapy – Oxygen Therapy – Nasal Cannula

The database automatically recorded the following information (data is presented in blue, red, or yellow):

Student: **Student Name**

Competency: **Nasal Cannula – Adult Floor Therapy**

Time and Date: **11:58:57 AM – Tuesday, June 15, 1999**

Conditions: **This is a test**

Equipment: **This is still a test. Under “Equipment and Patient Preparation,” item #6 is unsatisfactory and will generate an unsatisfactory – minor in the general summary.**

NOTE: For the following questions the default selection is **SATISFACTORY**. The other selections are **UNSATISFACTORY, NOT OBSERVED**, and **NOT APPLICABLE**.

Browser Banner

FIG. 17F

Browser Banner

1780 This form is used to search the **Clinical Competency Database**.

List All Records in the Clinical Competency Database

- **Default Sort** – sort the records using the default criteria (first by specific competency by order of appearance in the Unit Rotations (Hand Washing, BLS, Vital Signs, etc.), then ascending alphabetically by student's last name, then by patient by rank (adult, pediatric, neonatal), then by descending date, then ascending alphabetically by the instructor's last name.)

- **Custom Sort**

To find **Specific Records**, enter the appropriate information in the following list.

- **Student's Name:** - Select Student - 1781 1782 1783 1784

- **Preceptor's Name:** - Select Instructor - 1785 1786

- **Patient:** - Select Patient - 1785 1786

- **Date:** - Select Log Date - 1788B

- **Summary:** - Select Summary - 1787 1788A

- **Unit Rotation:** - Select Unit Rotation - 1792 1790 1789 1791

- **Therapy Groups:** - Select Therapy Group - 1794 1793

- **Specific Competency:** - Select Specific Competency - 1797 1796 1795

Send Search Request

Clear Form

Please specify the **sort strategy**. NOTE: the **default** sort strategy is **presorted**. To use the default sort strategy with the search criteria selected above, just click on the Search Request button. To **modify** the sort strategy, adjust the sort criteria and sort order to match your needs. Then click on the Send Search Request button.

Browser Banner

FIG. 17G

Browser Banner

1799

Respiratory Care

Display 1 through 10 of 10 records.

Student	Preceptor	Specific Competency	Patient	Summary	Log Date
<u>Student</u>	Instructor	Vital Signs	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Vital Signs	Adult	Satisfactory	5/14/99
<u>Student</u>	Instructor	Chest Assessment	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Isolation Procedures	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Partial Rebreather	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Pulse Oximetry	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Trach Collar	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Small Volume Nebulizer	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Incentive Spirometry	Adult	Satisfactory	6/28/99
<u>Student</u>	Instructor	Charges	Adult	Satisfactory	6/28/99

Browser Banner

FIG. 17H

1800	
Browser Banner	
<h1>Respiratory Care</h1> <h2>RESC 3631 Clinical Therapeutics</h2> <h3>Summary of Daily Logs and Evaluations</h3> <p>This database was last updated a 9:47:13 AM on 6/8/99</p> <p>I want the daily log and evaluation for:</p> <div>1806</div> <div>Display Summary</div> <div>- Select Instructor - ▼</div> <div>1802</div> <div>1804</div> <p>Please be patient. The search and retrieval may take a few seconds. Thank you.</p>	
Browser Banner	
FIG. 18A	

Browser Banner			
<div> <div>1808</div> <div> <div>Student: <u>Student Name</u></div> <div>Date: 6/8/99</div> <div>Time: 9:47:13 AM</div> </div> </div>			
<div> <div>1814</div> <div>1816</div> <div>1818</div> <div>1820</div> </div>			
PROCEDURES:	OBSERVATIONS:	PERFORMANCES:	EVALUATIONS:
Patient Data			
Vital Signs	16	8	2
Chest Assessment	15	68	1
Patient Assessments	15	56 1810	1
Isolation Procedures	12	60	1
Oxygen Therapy			
Nasal Cannula	7	34	1
Simple Mask	3	25	1
Venti-Maks	4	5	
Partial Rebreather		6	1
Non-Rebreather	1	1	1
Pulse Oximetry	12	11	
Cylinder Transport	1	58	
Browser Banner			

FIG. 18B

Browser Banner

1900

STUDENT PROGRAM RESOURCE SURVEY RESULTS

University of Texas Medical Branch – School of Allied Health Sciences –
Department of Respiratory Care

CERTIFIED ELIGIBLE PROGRAM NUMBER: 10000

CERTIFIED ELIGIBLE PROGRAM NUMBER: 20000

1902

The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.

This survey is for the Summer semester of 1999

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

Browser Banner

FIG. 19A

Browser Banner

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree
1 = Strongly Disagree NA = Not Applicable

Total Number of Surveys: 20

1906

1904

I. PERSONNEL RESOURCES (PROGRAM FACULTY)
A. FACULTY TEACH EFFECTIVELY

1.	In the classroom Number of responses for this item: 20	Count	5	4	3	2	1	NA
		Percentage	15	5	0	0	0	0
			75	25	0	0	0	0
		Statistics	Mean 4.8		Std. Dev. 0.4			
2.	In the laboratory Number of responses for this item: 20	Count	20	0	0	0	0	0
		Percentage	100	0	0	0	0	0
		Statistics	Mean 5		Std. Dev. 0.4			
3.	In the clinical area Number of responses for this item: 19	Count	10	9	0	0	0	0
		Percentage	53	47	0	0	0	0
		Statistics	Mean 4.5		Std. Dev. 0.5			

Browser Banner

FIG. 19B

Respiratory Care

STUDENT PROGRAM RESOURCE SURVEY

University of Texas Medical Branch - School of
Allied Health Sciences - Department of
Respiratory Care

CERTIFIED ELIGIBLE PROGRAM
NUMBER: 100000
REGISTRY ELIGIBLE PROGRAM
NUMBER: 200000

The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.

I am a . This Survey is for the semester of
.

FIG. 20A

REPLACEMENT SHEET 47/54

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

I. PERSONNEL RESOURCES (PROGRAM FACULTY)

A. FACULTY TEACH EFFECTIVELY:

1. In the classroom ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
2. In the laboratory ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
3. In the clinical area ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

B. FACULTY NUMBER IS ADEQUATE:

4. In the classroom ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
5. In the laboratory ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
6. In the clinical area ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

C. FACULTY MEMBERS HAVE

GOOD RAPPORT WITH STUDENTS. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

D. FACULTY MEMBERS ARE WILLING TO HELP STUDENTS WITH ACADEMIC NEEDS.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

E. FACULTY ENSURE STUDENT REPRESENTATION ON THE ADVISORY BOARD.

☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

Comments:

	<div style="border: 1px solid black; width: 15px; height: 15px; margin: 0 auto; position: relative;"><div style="position: absolute; top: -5px; right: -5px; width: 10px; height: 10px; background-color: black;"></div><div style="position: absolute; bottom: -5px; right: -5px; width: 10px; height: 10px; background-color: black;"></div></div>
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FIG. 20B

REPLACEMENT SHEET 48/54

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

II. PHYSICAL RESOURCES

A. INSTRUCTIONAL RESOURCES: CLASSROOMS

1. Are adequate in size. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
2. Have adequate lighting. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
3. Contain adequate seating. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
4. Have adequate ventilation. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
5. Are provided with appropriate equipment to support effective instruction. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

B. INSTRUCTIONAL RESOURCES: LABORATORY

1. Is adequate in size. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
2. Has adequate lighting. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
3. Has adequate seating. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
4. Is as adequate ventilation. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
5. Is equipped with the amount of equipment necessary for student performance of required laboratory exercises. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
6. Is equipped with the variety of equipment necessary for student performance of required laboratory exercises. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

FIG. 20C

REPLACEMENT SHEET 49/54

7. Is equipped with the amount of supplies necessary for student performance of required laboratory exercises. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA
8. Is equipped with the variety of supplies necessary for student performance of required laboratory exercises. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA
9. Activities prepare the student to perform effectively in the clinical setting. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA
10. Is accessible to students outside regularly scheduled class times. ☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

Comments:

	 
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INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

III. LEARNING RESOURCES

A. LIBRARIES (SCHOOL AND AFFILIATES)

I. The program faculty and/or the library personnel, offer orientation and demonstration of the library services.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

FIG. 20D

REPLACEMENT SHEET 50/54

2. The institutional library personnel provide assistance to the students when needed. O5O4O3O2O1ONA
3. The libraries provide sufficient materials to support classroom assignments. O5O4O3O2O1ONA
4. The library hours are convenient to student schedules. O5O4O3O2O1ONA
5. Program assignments require the use of library resources. O5O4O3O2O1ONA

B. STUDENT INSTRUCTIONAL SUPPORT SERVICES (TUTORS, COMPUTER LAB, ETC.)

1. Tutors provide assistance to the students when needed. O5O4O3O2O1ONA
2. Audiovisual and computer equipment are available to students for class assignments and activities. O5O4O3O2O1ONA
3. Computer resources are adequate to support the curriculum. O5O4O3O2O1ONA
4. Student Instructional Support Services are open an adequate number of hours. O5O4O3O2O1ONA

Comments:

	▼ ▲
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INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

FIG. 20E

IV. CLINICAL RESOURCES

A. CLINICAL ROTATIONS

1. Facilities

a. The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives.

O5O4O3O2O1ONA

b. The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives.

O5O4O3O2O1ONA

c. The clinical facilities provide a variety of current equipment.

O5O4O3O2O1ONA

2. Experiences

a. Each clinical rotation is of sufficient length to enable the student to complete clinical objectives.

O5O4O3O2O1ONA

b. Clinical rotations are sufficient to provide overall equivalent competencies for all students.

O5O4O3O2O1ONA

B. CLINICAL INSTRUCTION

1. Students are adequately oriented to assigned clinical areas, and procedures.

O5O4O3O2O1ONA

2. Clinical instructors are sufficiently knowledgeable to provide student instruction.

O5O4O3O2O1ONA

3. Clinical instructors direct the students in completing the assigned objectives.

O5O4O3O2O1ONA

FIG. 20F

REPLACEMENT SHEET 52/54

4. Clinical instructors are consistent in their evaluation of student performance.

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ NA

5. Clinical instructors are readily available to assist students when needed.

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ NA

Comments:

<u>2012</u>	▼ ▲
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INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable)
2 = Generally Disagree 1 = Strongly Disagree NA = Not Applicable

V. PHYSICIAN INTERACTION

A. Physician/student interaction facilitates the development of effective communication skills between physicians and students.

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ NA

B. Physician contact is sufficient to provide the student with a physician perspective of patient care.

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ NA

C. Overall student exposure to physicians ill the program is adequate.

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ NA

Comments:

<u>2012</u>	▼ ▲
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FIG. 20G

VI. ADDITIONAL COMMENTS

How long have you been a student in the program?

OVERALL RATING:

Please rate the OVERALL quality of the resources supporting the program.
(Select one)

☐ 5 = Excellent

☐ 4 = Very Good

☐ 3 = Good

☐ 2 = Fair

☐ 1 = Poor

Based on your experience, which program resources provided you with the most support?

<u>2012</u>	▼ ▲
-------------	--------

Why?

<u>2012</u>	▼ ▲
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Based on your experience, which program resources could be improved?

<u>2012</u>	▼ ▲
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How?

<u>2012</u>	▼ ▲
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FIG. 20H

REPLACEMENT SHEET 54/54

Please provide comments and suggestions that would help to improve the overall resources of the program.

<u>2012</u>	▼
	▲

Submit Survey

2014

Clear – Start Over

2016

Thank You!

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FIG. 20I